



Employee Relations Department

REASONABLE ACCOMMODATION REQUEST FORM

for Miami-Dade County Government Job Applicants

The Americans with Disabilities Act (ADA) protects qualified individuals with disabilities from employment discrimination. Reasonable accommodation is a key nondiscrimination requirement under the ADA. All requests are handled on a case-by-case basis.

Section 1. To be completed by Applicant. Please type or print clearly. Attach additional sheets if necessary. If you need help completing this form, contact the Employee Relations ADA Specialist at (305) 375-5876 (Voice) or (305) 375-5645 (TTY). *County job applicants seeking accommodation for an examination must submit their request and complete medical documentation to the Employee Relations Department at least 30 days prior to the examination or at the time of application, whichever is later.*

Name: Last	First	Middle Initial	Position Sought	Department
Mailing Address (Street Name and Number)			Apt. #	Social Security #
City	State	Zip Code	Daytime Telephone Number	

1. Identify and describe your impairment. *Please attach your medical documentation to this form.*

2. What is your accommodation request? (What do you need to help you with the application, interview, or examination process?)

Under the ADA, when an individual qualifies for reasonable accommodation, the employer is free to choose among effective accommodations, and may choose one that is less expensive or easier to provide. A medical examination may be required to determine if an individual has a disability covered by the ADA and is entitled to an accommodation, and, if so, to help identify an effective accommodation.

My signature indicates my permission for Miami-Dade County to contact my medical practitioner(s) to seek additional or clarifying information and for the medical practitioner(s) to release such information as applicable to the evaluation of my request for accommodation. The information provided by me is true and correct to the best of my knowledge.

Applicant's Signature	Date
-----------------------	------

You may submit this completed form and documentation with your application, or return it to the Employee Relations Department, Career Development Division, 111 N.W. First Street, Suite 2110, Miami, Florida 33128.

Received by:	Date Received:
--------------	----------------

Please forward this request to the Employee Relations Department, Career Development Division for processing.

THIS IS A CONFIDENTIAL MEDICAL RECORD. DO NOT PLACE IN PERSONNEL FILE.

EMPLOYEE RELATIONS DEPARTMENT RECOMMENDATION

Section 2. To be completed by the Director of the Employee Relations Department Career Development Division or designee. Please attach all relevant documents to this form.

1. I recommend that the request for accommodation be: ☐ Approved ☐ Denied ☐ Other

2. If recommending approval, describe the specific accommodation(s) to be provided. If recommending denial, please state justification.

Signature

Date

DEPARTMENT DECISION

Section 3. To be completed by the Department Director or designee. For examination accommodations, to be completed by the Director of the Employee Relations Department Career Development Division or designee.

1. I recommend that the request for accommodation be: ☐ Approved ☐ Denied ☐ Other

2. If different from the recommendation in Section 2, describe the specific accommodation(s) to be provided or state the justification for denial.

Signature

Date

Departments: Please forward the completed form and attachments to:

Employee Relations Department
Attn: Employee Relations ADA Specialist
111 N.W. First Street, Suite 2110
Miami, Florida 33128
(305) 375-5876
(305) 375-4138 (fax)